

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021375

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1557

STATE FILE NUMBER

FILED MAY 28 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY ST LOUIS	b. CITY (If outside corporate limits, give TOWNSHIP only) OAKVILLE	a. STATE MO.	b. COUNTY ST LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4123 HICKORY HILL		c. CITY OR TOWN OAKVILLE	d. STREET ADDRESS (If outside, give location) 4123 HICKORY HILL
Length of stay in lb YRS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First JOSEPH	Middle HUMMEL	Last HUMMEL	Month MAY	Day 22	Year 1962
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH SEPT 7 1908	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.
10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) FREIGHT HANDLER BUSCH BREWERY		10b. KIND OF BUSINESS OR INDUSTRY AUSTRIA HUNGARY		12. CITIZEN OF WHAT COUNTRY U-S-A	
13a. FATHER'S NAME ADAM HUMMEL		13b. MOTHER'S MAIDEN NAME BARBARA ZIMMERMANN		14. NAME OF HUSBAND OR WIFE ELIZABETH HUMMEL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			17. INFORMANT 9 ELIZABETH HUMMEL 4123 HICKORY HILL		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Stomach		2 1/2 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7/23/52 to 5/22/62 and last saw him alive on 5/4/62
Death occurred at 5 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward W. Cziburnik, MD	(Degree or title)	22b. ADDRESS 3401 Grand St	22c. DATE SIGNED 5/23/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 25 1962	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.	23d. LOCATION (City, town, or county) ST. LOUIS CO. MO.
24. FUNERAL DIRECTOR Thomas Kuts 2906 Gravois	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-23-62	26. REGISTRAR'S SIGNATURE John B. Murphy, MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Eleanore Prince

Licensed Embalmer No. 3403

P. O. Address 2906 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Dr
Catherine
1-10-3 Med*